

**THE LEGISLATIVE BLUE RIBBON COMMISSION ON AUTISM:
Task Force on Early Identification & Intervention**

**January 24, 2007
10:00AM to 3:00PM**

**The U.C. Center Sacramento
1130 K Street; Lower Level, Suite 22
Sacramento, CA 95814
Ph: (916) 445-5534**

PRELIMINARY RECOMMENDATIONS: EARLY IDENTIFICATION ISSUES

1. MEDICAL SCREENING AND EVALUATION

- Lack of societal commitment of a need to screen all children—universal developmental screening for all children that is available and is a quality tool (Peds, ESQ)
 - Culturally competent, scientific validity, and availability for all children
- Provision for adequate funding for screening
- Promote public awareness
- Educational programs---professional continuing education
- Highlight model program
- Create roadmap for screening process/pathway—“next steps” for intervention.

2. TRANSITION FROM “EARLY START” TO PRESCHOOL

- Artificial break at age three of services
 - Delays in diagnosis
 - Not enough providers to begin services
 - School districts battle with regional centers
 - Lack of continuity between regional centers
- Create uniform stream of funding—policy for school and regional center to collaborate and have uniform service mechanism
 - Work group that would look at existing models in state and nationally—look at agencies and memorandums about what works best. Create a seamless system for ages 0-5.
 - Study this and then create a useful model. Model put in place in 2-4 districts to implement recommendations.
 - Blending money between DDS and CDE?
 - Offer effective family supports, providing proper information.
- Sustainability
- Look at federal issues—legislation ect.

IIIB_Consideration of Possible Recommendations (Third Meeting)

3. SERVICES TO UNDERSERVED COMMUNITIES

- Lack of awareness and outreach in underserved communities.
 - Aggressive outreach campaigns—print, radio, news channels (in language of community, culturally competent).
 - Fundamental information—what is autism?
 - Key message is HOPE.
 - Centralized phone number to be connected with services and information.
 - Campaign done by grass roots agency like First 5 CA group, add additional group focused on outreach.
- Training for those reaching out to head start programs, churches, senior centers (many guardians and care givers and grandparents).
 - Priority for many of these communities of caregivers is going to work and providing for family...First 5 providing resources to receive services (transportation can be a barrier).
 - Autism-mobile—coming to home for assessment and services---promoting accessibility.
 - Funding for compensating families for doing biannual assessments/screenings and for child care workers and family resource centers.

4. LACK OF DATA AND PUBLIC INFORMATION

- Lack of public awareness across the board—MDs, child care providers, teachers.
 - Public awareness campaign re: universal screening, warning signs.
 - Autism resource guide—general and county specific.
 - Hotline for information.
 - Public/private funding source.
- Fragmented data
 - Autism registry---universal accessibility to those responsible for diagnosis.—register as identified.
 - Gather data and disseminate information.
 - Could also serve as a support system for families to know other families with children with autism.
 - Help identify what areas in community/state where quality screening and accessibility is lacking.
 - Consistent data across time.
 - Autism research agenda.
 - Autism center for excellence to conduct research and pull data from Autism registry.
 - Funding from governmental accounting office to ID disparities.

IIIB_Consideration of Possible Recommendations (Third Meeting)

PRELIMINARY RECOMMENDATIONS: EARLY INTERVENTION ISSUES

5. INCONSISTENT QUALITY OF CARE

- Service codes used inconsistency –data cannot be compared. Service codes need to be refined so parents can understand units of service and what it looks like.
- Improvement in parent education—questions to ask—expectations.
- Outcome measures.
- Standard mechanism for measuring progress.
- Standardization of programs.
- Provider competency.
 - DDS service code standards.
 - Evidence based guidelines.
 - Accessible curriculum—uniform way to train.
 - Enact legislation for best practices for definitions, outcomes.

6. INADEQUATE TEACHER TRAINING AND PREPARATION

- Inadequate staff training in Autism (teachers, OT, speech, paraprofessionals, early start, pre-K)-- not addressed in credential training.
 - Gen education teachers are not trained in dealing with specific issues related to Autism.
 - Need follow up to go along with professional training.
 - No collaboration between universities and school districts.
 - Tiered training program attached to pay scale. More training equals more pay.
 - Autism boot camp.
 - Professional training/certification programs should not be limited to only those with a bachelor's degree.
 - Limit class size in special education classrooms.
 - Practicum requirements as part of credentialing program—must be hands on not just theory.
 - Training for trainers---how long has it been since they have been in a classroom with students? Recertification process for trainers.
 - Pilot programs connected to outcomes—mandate that they are implemented in all school districts.
 - What constitutes a qualified teacher? Credential requirements for teachers need to be refined.
 - Autism specific teacher training--Certificate program offered as a collaborative effort offered by Autism specialists and organizations.

7. FRAGMENTED SYSTEMS

- Roadmap for parents on how to navigate system, Print and website, and Build on a very good website - LAcounthelps.org
- High quality screening tool online that could generate reports to be taken to different service providers.
- Information line “211.”
- Mechanism to deal with sharing data across systems.
- Baseline passport or template with information necessary for all providers. (English and Spanish).

IIIB_Consideration of Possible Recommendations (Third Meeting)

- Very high level meeting regarding funding including budget economists, insurance, service providers.
 - Cross cutting fellowship to work at different agencies that will gather an understanding of all systems.
8. BEST PRACTICES, STANDARDS, AND OUTCOME MEASURES
- How do we define best practices?
 - Are there consistent ways to measure outcomes?
 - Intervention baseline to ensure consistency—state quality control measures.
 - Outcome evaluation.
 - Full battery of tests to be done annually.
 - Family based evaluation to occur annually.
 - How intervention is described—fidelity of intervention.
 - Define methodology.
 - Supervisor needs to be a certified professional.
 - State sponsored course work to qualify as CEU's.
 - Research institute needed to provide data that will lead to an accurate definition/set of best practices.
 - How many hours of training for treatment needed for a specific child?
Evidence based.